## DEPARTMENT OF FISH AND GAME CALIFORNIA SALTWATER DIVING RECORD VERIFICATION



(Month Day Year)	by Mr. / Ms	(Name of Angler)
of		(Name of Angler)
of(Street, City, State, Zip Code) at(Location of Catch)		(Home Phone Number)
		(County)
A photo or news item on the fis	h / shellfish is enclosed: Yes or No	
Fish / lobster weightlbs _	oz, or (kg) _inches, or (cm); two witnes	ess required:
Abalone / scallop length	_inches, or (cm), two withes	sses required.
(Witness Name)	(Street, City, State, Zip Code)	(Home Phone Number)
(Witness Name)	(Street, City, State, Zip Code)	(Home Phone Number)
Scale certification:(Number	Date of certifica	ution:(Month, Day, Year)
I have identified the fish / shellfi Genus:	ish as a (Common Name): Species:	
Optional measurements: a. Total lengthft	_inches, or (cm)	
b. Taxonomic measurements:_		
c. Carapace lengthinch	(Lateral Line Scales, Raes, (cm), or abalone width _	, ,
Method of diving (free or SCUB	(A) and gear used (pole spear, spea	ar gun, etc.) to take specimen
Remarks:		
	Name:	
	Title:	

Record submission form and photograph should be mailed to:

Kimberly Penttila
Department of Fish and Game
4665 Lampson Avenue, Suite C
Los Alamitos, CA 90720
(562) 342-7199

SORT FIG.